

Medical Facilities Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517- 284-8599 CRA-Applications@Michigan.gov

DISCLOSURE 8 – LITIGATION HISTORY

Sole Proprietor Name		Phone No.		
	or or any of the sole pro- ironmental, food safety ns)? If you a propriete compens	oprietor's other business interest or, alcohol, tobacco, labor, employ nswered <u>ves</u> , provide the reque for (e.g., fraud, environment sation, discrimination, and tax ears. Add additional pages if ne	yment, worker's compen ested information for all tal, food safety, lab- laws and regulations) p	sation, discrimination, and litigation related to the sol or, employment, worker
Case Caption	Docket/Case No.	Name & Location of Court	Cause of Action	Disposition
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